

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 309

03589

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CassCity or town Denton, Ind.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County DentonCity or town Denton, Ind.
(If outside city or town limits, write RURAL and give nearest town)Street No. 15
(If rural, give LOCATION)

2. (a) If veteran, name war:

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Bora Stanford Bailey7. Birth date of deceased (mo., day, yr.) Jan 25 - 18926. (c) If alive, give age 50 years8. AGE: Years 54 Months 3 Days 13 If less than one day
..... hrs. min.9. Birthplace Bolton, Ind.
(Town, county, and state)10. Usual occupation Pool Room Operator

11. Industry or business

12. Name Leroy Bailey13. Birthplace Denton, Ind.14. Maiden name Jessie Paul15. Birthplace Denton, Ind.16. Informant Bora Bailey (wife)Address Denton, Ind.17. Buried Date thereof 4-14-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring Grove CemeteryLocation Denton, Ind.18. Funeral director J. T. SmithAddress Denton, Ind.19. 4/14 19 46 M. D. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 46 at 10 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 19 46
and that I last saw him alive on April 9 19 46Immediate cause of death Paralysis of muscles of pharynx

DURATION

9 daysDue to Not determinedDue to Not determinedOther conditions Asphyxia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

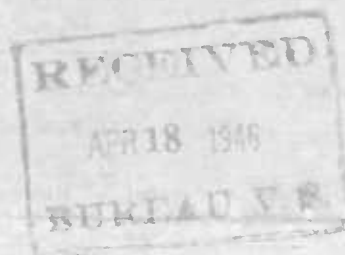
23. SIGNATURE Paul Smith M.D. M. D. or otherAddress Denton, Ind. Date signed 4/14/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

24360



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (943)

CERTIFICATE OF DEATH

63590

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town New Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County
 City or town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Frank Casabian

3. (b) Social Security Number

4. Sex m 5. Color or race W. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Viola Morgan Casabian7. Birth date of deceased (mo., day, yr.) Jan 12 18886. (c) If alive, give age 56 years

8. AGE: Years 58 Months 3 Days 10 If less than one day
 hrs. min.

9. Birthplace New Jersey
(Town, county, and state)10. Usual occupation Steam Engineer

11. Industry or business

12. Name Richard Casabian13. Birthplace New Jersey14. Maiden name Allen15. Birthplace New Jersey16. Informant Mrs. Viola CasabianAddress Greenwood 74417. Buried Buried Date thereof 4-18-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Halleyville N.J.Location Camden New Jersey18. Funeral director Erigil & SonsAddress 1200 N. 1st St. Camden N.J.19. 4/16 1946 W.D. George
(Date/rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Cardiac Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.D. GeorgeAddress Camden N.J.Date signed 4/16/46

0235

STAGE 374 APR 1946

RECEIVED
APR 18 1946
BETHLEHEM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
usual residence of deceased is shown 2411 N. Charles St., Baltimore 28-2

FILM No. 101 MAY - 2 1946

CERTIFICATE OF DEATH

03591

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Wilhelmina Todd Clark

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Frank Clark (Wid.)

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 23 / 1856

8. AGE: Years 89 Months 7 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Harmans, Maryland
(Town, county, and state)

10. Usual occupation at home

11. Industry or business _____

12. Name Daniel Todd

13. Birthplace Maryland

14. Maiden name Eliza Ross

15. Birthplace Maryland

16. Informant Mrs. Samuel Howell

Address Denton, Md.

17. Buried Date thereof 4-17-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Concord Cemetery

Location Concord, Md.

18. Funeral director J. Virgil Moore & Son

Address Denton, Md.

19. 4/17 19 46 M. D. Gage
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 19 46 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 40 to April 15 19 46
and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Cerebral Hemorrhage 2 days

Due to _____

Due to Arteriosclerosis 104 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hanson George M. D. or other _____

Address Denton, Md. Date signed 4/17/46

RECEIVED
APR 26 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

03592

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town New Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town New Denton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Esther Cohen

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Andrew Cohen, Dec'd

7. Birth date of deceased (mo., day, yr.) Oct. 30 - 1870 6. (c) If alive, give age _____ years

8. AGE: Years 75 Months 5 Days 18 It less than one day _____ hrs. _____ min.

9. Birthplace New Denton Md
 (Town, county, and state)

10. Usual occupation at home

11. Industry or business _____

12. Name Spencer Messick13. Birthplace Maryland14. Maiden name Susan Brown15. Birthplace Md16. Informant Mrs Arthur ScottAddress Ad. Denton Md17. Buried Date thereof 4-21-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton Md18. Funeral director J. Virgil Moore & CoAddress Denton Md19. 4-21 46 Mich D. George
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 19 46 at 11:00 P. M.

I CERTIFY that death occurred on the date above stated: that I attended deceased from April 14 19 46 to April 17 19 46
 and that I last saw him alive on April 17 19 46

Immediate cause of death _____ DURATION _____

Due to Possibly Accusation 3 dys

Due to _____

Other conditions Artificial Respiration 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Samuel D. George M. D. or other _____Address Denton Md Date signed 4/21/46

50250

RECEIVED

APR 26 1946

BUREAU V.S.

RECEIVED

RECEIVED
APR 26 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (189)

CERTIFICATE OF DEATH

03593

Reg. Dist. No. 61

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(c) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

219-08-0468

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

B.

Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Sept. 26

1885

8. AGE:

Years

Months

Days

If less than one day

60

7

2

hrs.

min.

9. Birthplace.....

Greensboro Caroline Md.

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business.....

MOTHER FATHER

12. Name.....

Bennie Costen

13. Birthplace.....

Maryland

14. Maiden name.....

Sarah Liz

15. Birthplace.....

Maryland

16. Informant.....

Martha Boise

Address.....

Greensboro Md.

17.

Burial

Date thereof.....

4/29/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Cokers

Location.....

Near Greensboro

18. Funeral director.....

Raymond B. Rawlings

Address.....

Greensboro Md.

19.

Apr 29 1946

19

L. McPipin

Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 27

19

46

at 10 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

to.....

19.....

and that I last saw him..... alive on.....

19.....

Immediate cause of death.....

DURATION

Due to.....

Recused to death in home

Sudden

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

James O. George

M. D. or other

Address.....

Denton Inc

Date signed.....

4/28/46

RECEIVED

MAY 1 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 0359464

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
Bridgville Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Bridgville Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

James Donovan

3. (b) Social Security Number

219-14-4675

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Lillie Donovan

6. (c) If alive, give age

65 years

7. Birth date of

deceased (mo., day, yr.)

October 21, 1877

8. AGE:

Years

68

Months

6

Days

0

If less than one day

.....hrs.min.

9. Birthplace

Near Greenwood, Sussex County, Delaware
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

FATHER

12. Name

John Donovan

13. Birthplace

Sussex County, Delaware

MOTHER

14. Maiden name

Rhoda Joseph

15. Birthplace

Sussex County, Delaware

16. Informant

Mrs. Lillie Donovan

Address

Federalburg, Maryland, R.F.D.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

April 24, 1946
(month) (day) (year)

Cemetery or crematory

Hollywood Cemetery

Location

Harington, Delaware

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

April 24, 1946J. J. Frampton

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 2119 46

at

3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 21 19 46 to April 21 19 46

and that I last saw him alive on

April 21 19 46

Immediate cause of death

Cerebral Thrombosis

DURATION

2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.

Address

Federalburg, Md.

Date signed

4/24/46

RECEIVED

MAY 7 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
usual residence of deceased
is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

03595

Reg. Dist. No. 62

CERTIFICATE OF DEATH

FILM No. 104 MAY 10 1946

1. PLACE OF DEATH:

County.....Baltimore
City or town.....Near Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....30 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Caroline
City or town.....Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex.....M 5. Color or race.....W. 6. (a) Single, married, widowed, or divorced.....Widower

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....Apr. 28th 1867 8. (c) If alive, give age..... years

8. AGE: Years.....78 Months.....11 Days.....10 If less than one day..... hrs. min.

9. Birthplace.....Bedford County, Penn.
(Town, county, and state)

10. Usual occupation.....Retired farmer

11. Industry or business.....

12. Name.....Jacob Gordon13. Birthplace.....Penn.14. Maiden name.....Caroline Derty15. Birthplace.....Penn.16. Informant.....Mrs. A. MorrisAddress.....Rd. Denton, Md.17. Burial, cremation, or removal. Which?.....Buried Date thereof.....4-19-46
(month) (day) (year)Cemetery or crematory.....Denton CemeteryLocation.....Near Denton18. Funeral director.....J. Virgil Moore & SonAddress.....Denton, Md.19. 4/19 1946 Wm D O Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 15 1946 at.....2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 1 1944 to April 15 1946
and that I last saw him alive on April 14 1946

Immediate cause of death.....Chronic Renal DiseaseDue to.....ArteriosclerosisDue to.....Cardiovascular DiseaseOther conditions.....Hypertrophic Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....Charles H. StansfieldAddress.....Penn. Ave. Wash. D.C. Date signed.....4/18 1946

RECEIVED

APR 26 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

03596

FILM No. I O 1 APR 16 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
City or town Mary Del.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long to hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Caroline
City or town Marydel
(If outside city or town limits, write RURAL and give nearest town)

Street No. P.O. Box (If rural, give LOCATION)

2.(a) If veteran, name w West of Marydel

3. (a) FULL NAME

Thomas T Galsborough

3. (b) Social Security Number

4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Catherine E Galsborough

7. Birth date of deceased (mo., day, yr.) April 21 1966 6. (c) If alive, give age years

8. AGE: Years 79 Months 70 Days 70 If less than one day hrs. min.

9. Birthplace md. (Town, county, and state)

10. Usual occupation Farm work

11. Industry or business

12. Name John Galsborough

13. Birthplace md.

14. Maiden name Mary E Brydler

15. Birthplace md.

16. Informant Mary E Galsborough

Address Mary Del.

17. Em Zion Ave Date thereof April 11 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Em Zion Cent

Location near Marydel md

18. Funeral director Calvin Clark

Address 107 10 Green St. Sane Del.

19. April 7 1946 Registrar A. Clark Smith
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1946 at 2 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death

Due to Cardio-vascular. Renal Reveal

Disease 4 cars

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hanson & George Coram M. D. or other

Address Benton Md Date signed 4/7/46

RECEIVED
APR 10 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

03597

Reg. Dist. No. 62

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Denton Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Eli Harrison

3. (b) Social Security Number

4. Sex..... m 5. Color or race..... W. 6.(a) Single, married, widowed, or divorced..... widower
 6.(b) Name of husband or wife..... Margaret Steadyman
 7. Birth date of deceased (mo., day, yr.)..... Nov. 14, 1865 8.(c) If alive, give age..... years
 8. AGE: Years..... 82 Months..... 6 Days..... 4 If less than one day..... hrs. min.

9. Birthplace..... Johnstown, Penn.
 (Town, county, and state)
 10. Usual occupation..... Retired Farmer
 11. Industry or business.....
 12. Name..... Geo. Harrison
 13. Birthplace..... Penn.
 14. Maiden name..... Mary Stacey
 15. Birthplace..... Penn.

16. Informant..... Miss Ada Harrison
 Address..... Denton, Md.
 17. Buried Date thereof..... 4-7-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Denton Cemetery
 Location..... Denton Maryland
 18. Funeral director..... J. Vicgil Moore & Son
 Address..... Denton, Md.
 19. 4/7 19. 46 MD & George
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 2 1946 at 5:10 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 15 1928 to April 2 1946
 and that I last saw him alive on April 1 1946
 Immediate cause of death..... arterio sclerosis generalized
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

DURATION

4 yr

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of Injury..... Injured at work?
 23. SIGNATURE..... Paul Smith MD M. D. or other
 Address..... Denton Md Date signed..... 4/7/46

RECEIVED
APR 10 1916
BUREAU OF E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

03598

Reg. Diat. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry H. Hopkins

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Sevilla Hopkins
 7. Birth date of deceased (mo., day, yr.) December 26, 1870
 8. AGE: Years 75 Months 4 Days 3 If less than one day _____ hrs. _____ min.
 6.(c) If alive, give age _____ years

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Farm laborer
 11. Industry or business Farm
 12. Name William Hopkins
 13. Birthplace Virginia
 14. Maiden name Mary Frances Tyler
 15. Birthplace Virginia

16. Informant Gertrude Hopkins
 Address Denton, Maryland, R.F.D.

17. Burial Date thereof May 2, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Denton Colored Cemetery
 Location Denton, Maryland

18. Funeral director J. F. Fraumton and Son
 Address Federalburg, Maryland

19. 4/30/46 19 1946
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____
 and that I last saw him alive on _____ 19 _____

Immediate cause of death _____ DURATION _____
Cardiac occlusion Sudden
Cardio Vascular Renal
Disease Several years
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Arthur George
Physician or other _____
 Address Denton, Md. Date signed 4/30/46

RECEIVED

MAY 4 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 743

03599

FILM No. I O 1 MAY - 2 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline
 City or town near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Obijah Dye Davis

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov: 8th 1868 8. (c) If alive, give age years

8. AGE: Years 77 Months 78 Days 6 If less than one day hrs. min.

9. Birthplace New Jersey
 (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John C. Davis

13. Birthplace New Jersey

14. Maiden name Harriett Beechitt

15. Birthplace New Jersey

16. Informant Mrs. Ladd

Address Ad. Preston and

17. (Burial, cremation, or removal, Which?) buried Date thereof 4 - 24 - 46
 (month) (day) (year)

Cemetery or crematory Concord Cemetery

Location Concord and

18. Funeral director J. Virgil Moore & Son

Address 1 Denton and

19. 4/24 19 46 M.D. Jones
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1946 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 16 1936 to April 20 1946
 and that I last saw him alive on April 19 1946

Immediate cause of death coronary thrombosis

Due to

Due to

Other conditions arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Paul Quotts M.D. M. D. or other

Address Denton MD Date signed 4/20/46

RECEIVED

APR 26 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03600

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town near Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CarolineCity or town Denton Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles William Japp

3. (b) Social Security Number

4. Sex

m

5. Color or race

w.

6. (a) Single, married, widowed, or divorced

single

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death.....

.....

.....

Due to Cardiac occlusion Ischemic

.....

Due to.....

.....

Other conditions Arteriosclerosis hypertension

.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Nelson D. GeorgeDenton Asst. Medical Ex.Address..... Date signed 4/23/46

5. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Jan. 9th 18858. AGE: Years 61 Months 4 Days 11 If less than one day
..... hrs. min.9. Birthplace near Denton Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Henry Japp13. Birthplace Pennsylvania14. Maiden name Mary E. Hayler15. Birthplace Pennsylvania16. Informant Samuel JappAddress Denton Md.17. Buried Date thereof Buried

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery 4-23-46Location Denton Md.18. Funeral director J. Virgil HarrisonAddress Denton Md.19. 4/23 1946 M D G

(Date rec'd by registrar) Registrar

UNITED STATES

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

RECEIVED

APR 26 1946

BUREAU V A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

CERTIFICATE OF DEATH

03601

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

Near American Corner

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near American Corner
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret Ann Lucas

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife William Lucas8. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) June 12, 1867

8. AGE: Years Months Days If less than one day

78 9 25 hrs. min.9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Zellie Smith13. Birthplace Caroline County, Maryland14. Maiden name Mary Jane Rose15. Birthplace Caroline County, Maryland16. Informant Mary L. SharpAddress Preston, Maryland, R.F.D.17. Burial Date thereof April 11, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Harmony CemeteryLocation Preston, Maryland, R.F.D.18. Funeral director J. J. Frampton & SonAddress Federalburg, Maryland19. April 11 1946 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 46 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 29 19 46 to April 6 19 46and that I last saw him alive on April 6 - 1946 19 46Immediate cause of death Cerebral HemorrhageDue to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE M. H. Small, M.D.Address Denton, Md. Date signed 4/13/46

M. D. or other

1946

RECEIVED
APR 20 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03602

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Emmett Prattis

3. (b) Social Security Number

212-18-6761

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 11, 1878

8. AGE:

Years

Months

Days

If less than one day

6763

.....hrs.min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Canning factory12. Name Henry Collins13. Birthplace Caroline County, Maryland14. Maiden name Mary Lizzie Prattis15. Birthplace Caroline County, Maryland16. Informant Evelyn DickersonAddress Federalsburg, Maryland17. Burial
(Burial, cremation, or removal. Which?) Date thereof April 17, 1946
(month) (day) (year)Cemetery or crematory Federal Hill CemeteryLocation Federalsburg, Maryland18. Funeral director J. J. Frampton and SonAddress Federalsburg, Maryland19. April 17 19 46 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 19 46, at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13 19 46 to April 14 19 46and that I last saw him alive on April 13 19 46Immediate cause of death uremiaDue to Chronic nephritis

Due to _____

Other conditions _____

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William C. Harrison MDAddress Harlock Md. Date signed 4/16/46

DURATION

2 days1 yr +

50850

RECEIVED

APR 29 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

03603

Reg. Dist. No. 63

1. PLACE OF DEATH:

County CarolineCity or town Preston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Rumbold

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Dora O. Rumbold7. Birth date of deceased (mo., day, yr.) August 20, 1867

6. (c) If alive, give age _____ years

8. AGE: Years 78 Months 7 Days 25
It less than one day _____ hrs. _____ min.9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Scrap Metal12. Name John Rumbold13. Birthplace Caroline County, Maryland14. Maiden name Mary J. Andrews15. Birthplace Caroline County, Maryland16. Informant Mrs. Veta M. RussellAddress Birdville, Delaware17. Burial Date thereof April 18, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Choptank CemeteryLocation Choptank, Maryland18. Funeral director J. J. Draughton and SonAddress Federalburg, Maryland19. 4/18 1946 C. W. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____

DURATION

Due to Cardio-Vascular Disease 2 yrsDue to Cardiac Occlusion Sudden

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Nurse, O. George Connor M. D. or otherAddress Denton Ind. Date signed 4/16/46

60384

RECEIVED
APR 20 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *SP-2*

CERTIFICATE OF DEATH

Reg. Dist. No. *66*

1. PLACE OF DEATH:
 County *Cecilia's*
 City or town *Hillsboro*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *23 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Md.* County *Cecilia's*
 City or town *Hillsboro*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME
Annie Marie Schuyler

3. (b) Social Security Number

4. Sex *female* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *married*
 6. (b) Name of husband or wife *Samuel E. Schuyler*
 7. Birth date of deceased (mo., day, yr.) *Nov. 14, 1922* 6. (c) If alive, give age *25* years
 8. AGE: Years *23* Months *5* Days *3* If less than one day _____ hrs. _____ min.

9. Birthplace *Hillsboro, Maryland*
 (Town, county, and state)

10. Usual occupation *housewife*

11. Industry or business

FATHER 12. Name *Carroll Com eggs*

13. Birthplace *Barclay, Md.*

MOTHER 14. Maiden name *Mabel Jones*

15. Birthplace *Maryland*

16. Informant *Mr. C. Com eggs, Jr. Her*

Address *Hillsboro, Md.*

17. *Burial* Date thereof *4-20-46*
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory *Green Mount Cemetery*

Location *Hillsboro, Md.*

18. Funeral director *J. Virgil Moore*

Address *Denton, Md.*

19. *Apr 19* 19 *46* *J. D. Davis*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *April 17* 19 *46* at *4 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 14* 19 *46* to *April 17* 19 *46*
 and that I last saw him alive on *April 17* 19 *46*
 Immediate cause of death *Chronic carditis*

DURATION *6 mo.*

Due to *acute tonsillitis*

Due to *acute infectious rheumatism*

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *Heri Lederer M.D.*
 M. D. or other _____

Address *Green Lane Md.* Date signed *4/18*

RECEIVED
APR 23 1946
BUREAU V A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0360560

1. PLACE OF DEATH:

County Caroline
 City or town Marydell
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Caroline
 City or town Marydell
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

John Wesley Shewbrooks Jr,

3.(b) Social Security Number

215-09-0903

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Oct, 25, 1908
 8. AGE: Years 37 Months 5 Days 8 If less than one day hrs. min.

9. Birthplace Marydell Caroline, Md.
 (Town, county, and state)
 10. Usual occupation School buss driver
 11. Industry or business
 12. Name John Wesley Shewbrooks
 13. Birthplace Md.
 14. Maiden name May Williams
 15. Birthplace Del.

16. Informant John Wesley Shewbrooks Sr,
 Address Marydell, Md.
 17. Burial Templeville, Date thereof 4/6/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Templeville, Md.
 Location Raymond B. Rawlings
 18. Funeral director Greensboro, Md.
 Address April 4, 1946
 19. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd, 19 46, at 11.4 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 19 46 to April 2 19 46
 and that I last saw him alive on April 2 19 46
 Immediate cause of death Myocardial infarction
 DURATION 2 yrs.
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. W. Shewbrooks Sr. M. D. or other
 Address Stony, etc. Date signed 4/4/46

RECEIVED
APR 9 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

CERTIFICATE OF DEATH

03606
Reg. Dist. No. 63

1. PLACE OF DEATH: County <u>Caroline</u> City or town <u>Grove</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>14 yrs.</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution? _____				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Caroline</u> City or town <u>Preston</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war _____			
3.(a) FULL NAME <u>IBBIE ANN SHARP</u>				3.(b) Social Security Number _____			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Widow</u>		MEDICAL CERTIFICATION	
6.(b) Name of husband or wife <u>Jas. E. Sharp</u>				20. DATE OF DEATH <u>April 24</u> 19 <u>46</u> at <u>11 A.</u> M.			
7. Birth date of deceased (mo., day, yr.) <u>Apr. 7, 1863</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 13</u> 19 <u>46</u> to <u>April 24</u> 19 <u>46</u> and that I last saw him <u>alive</u> on <u>April 22</u> 19 <u>46</u> Immediate cause of death <u>Pulmonary Edema</u>			
8. AGE: Years <u>83</u>		Months _____		Days <u>16</u>		If less than one day _____ hrs. _____ min.	
9. Birthplace <u>Smithson</u> (Town, county, and state)				DURATION <u>5 days</u>			
10. Usual occupation <u>Housewife</u>				Due to <u>Chemical hypertension Coronary Artery Disease</u> <u>16 yrs.</u>			
11. Industry or business				Due to <u>Arteriosclerosis & Age</u> <u>24 yrs.</u>			
12. Name <u>Andrew Dean</u>		13. Birthplace <u>Maryland</u>		Other conditions <u>Bilateral Cerebral</u> <u>14 yrs.</u>			
14. Maiden name <u>Jane Frampton</u>		15. Birthplace <u>Maryland</u>		(Include pregnancy within 3 months of death)			
16. Informant <u>Bertha Sharp Hancock</u> Address <u>Preston, Md.</u>				Major findings of operations _____ _____ Date of op. _____			
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Cemetery or crematory <u>Friendship</u> Location <u>Friendship, Md.</u>				Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.			
18. Funeral director <u>H. M. Hollis</u> Address <u>Preston, Md.</u>				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____			
19. (Date rec'd by registrar) <u>April 24</u> 19 <u>46</u> <u>C. D. Plummer</u> Registrar				23. SIGNATURE <u>[Signature]</u> M. D. or other _____ Address _____ Date signed <u>4/24/46</u>			

RECEIVED
APR 26 1946
BUREAU OF

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 18 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

03608

Reg. Dist. No. 63

1. PLACE OF DEATH:

County... CarolineCity or town... Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

Near Smithson

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MarylandCounty... CarolineCity or town... Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No... Near Smithson
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Perry J. Thomas

3. (b) Social Security Number

219-14-3613

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Annie J. Thomas6. (c) If alive, give age 40 years

7. Birth date of

deceased (mo., day, yr.)

October 23, 1904

8. AGE:

Years

Months

Days

If less than one day

4164

.....hrs.

.....min.

9. Birthplace

Talbot County, Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Perry Thomas

13. Birthplace

Talbot County, Maryland

14. Maiden name

Lucy Coursey

15. Birthplace

Talbot County, Maryland

16. Informant

Mrs. Annie J. Thomas

Address

Preston, Maryland, R.F.D.

17.

(Burial, cremation, or removal. Which?)

Date thereof... April 30, 1946
(month) (day) (year)

Cemetery or crematory

Wt Pleasant Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Trumpton and Son

Address

Federalburg, Maryland

19.

April 2719 46C. D. Plummer

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... April 27 19 46, at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

DURATION

Due to

Cardiac Arrhythmia acute1 hr -

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....

4/27/46

RECEIVED

MAY 1 1946

BUREAU V.R.